

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER TURLOCK ASSOCIATED POLICE OFFICERS P. AC AREA CODE/PHONE NUMBER 209 668-5550 EXT 6754 STREET ADDRESS 244 N BROADWAY CITY STATE ZIP CODE TURLOCK CA 95380		Date of This Filing 10-18-16 Report No. <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages _____	Date Stamp OCT 19 2016 Office of the City Clerk	CALIFORNIA FORM 497 For Official Use Only
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2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/17/16	Amy BIBLAK for City Council Dist #4 ID# 1350431	CASH CONTRIBUTION	\$1000.00	11/08/16

Reason for Amendment: _____